

APPLICATION FOR LICENSE

APPRENTICE



Department of Professional and Financial Regulation
Office of Licensing and Registration

ELECTRICIANS' EXAMINING BOARD

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8610
Hearing Impaired: (207) 624-8563
Website: www.MaineProfessionalReg.org

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Apprentice

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- License application and payment for \$60.00
 - \$20.00 License Fee
 - \$25.00 Application Fee
 - \$15.00 Criminal Background Check Fee

Incomplete applications will be returned.

To qualify for an Apprentice license, applicant must be registered with the Apprenticeship Council of Maine, Department of Labor, Telephone number 207/624-6430.

CRIMINAL BACKGROUND CHECK - Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

APPRENTICE APPLICATION

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
ELECTRICIANS' EXAMINING BOARD
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8610 FAX: (207)624-8637
HEARING IMPAIRED: (207)624-8563

Revised: 4/30/03

Office Use Only

Lic. #: _____

Date Issued: _____

Cash #: _____

4220 - 1446 \$25.00

4220 - 1435 \$20.00

4220 - 2619 \$15.00

LICENSE FEE: \$20.00
APPLICATION FEE: \$25.00
CRIMINAL BACKGROUND CHECK FEE: \$15.00
TOTAL DUE: \$60.00
MAKE CHECK PAYABLE TO: TREASURER STATE OF MAINE

NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS.

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of applicant: _____

Contact Address: _____

City: _____

State: _____

Zip Code: _____

County: _____

Home Telephone: (____) _____ - _____

Work Telephone: (____) _____ - _____

Social Security Number: _____

Date of Birth: ____ / ____ / ____

Sex: ☐ Male ☐ Female

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

Signature of Applicant

ATTACH A PHOTO OF YOURSELF

Date

Have you ever been convicted of a crime other than a minor traffic violation? ☐Yes ☐No
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

Have you ever held any type of Electrician's license in this state? ☐Yes ☐No
If yes, please specify state, type of license, license number and when license was issued.

EMPLOYMENT RECORD: Please furnish a record of employment you have had as an ELECTRICIAN. If more space is needed, attach an 8 ½ x 11 sheet of paper to this application.

PRESENT OR LAST EMPLOYER

YOUR TITLE

COMPLETE ADDRESS

DATES OF EMPLOYMENT: FROM: MO/YR TO: MO/YR

TOTAL HOURS PER WEEK: TOTAL HOURS PER YEAR:

DETAIL OF WORK PERFORMED:

CERTIFICATE OF APPRENTICESHIP

This is to certify that in accordance with Title 26 M.R.S.A. §1003, the within named applicant entered into an apprenticeship agreement with the applicant on the _____ day of _____, 2_____, which agreement provided for not less than 8,000 hours of reasonable continuous employment for the apprentice for his participation in a definite sequence of job training for such related and supplemental instruction as may be deemed necessary to qualify as a Journeyman Electrician.

Name of Licensed Electrician Employed by:

Mailing Address of Licensed Electrician:

City:

State:

Zip Code:

County:

Telephone: (____) _____ - _____

Signature of Electrician:

Type of License:

License #:



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
ELECTRICIANS' EXAMINING BOARD
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name of applicant:		
Mailing Address of applicant:		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Name of cardholder (if other than applicant):		
Mailing Address (if other than applicant):		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard _____ - _____ - _____	
Exp Date _____ / _____ in the amount of \$ _____	
Signature: _____ Date: _____	

PHONE: (207)624-8610
(Office Phone)



(207)624-8653 (HEARING IMPAIRED)

FAX: (207)624-8637